Before We Get Started, Let's Make Sure We are All Connected

In the PSRC Conference Room:

- Wi-Fi
  - ssid: **PSRCW-Guest**
  - Username: **PSRCguest**
  - Password: **didImissanything**

*Note: both username and password are case sensitive

Online via Webinar:

- 2 Options for Audio: "Use Mic & Speakers" or "Use Telephone"

- If you plan or hope to speak, please use telephone for audio quality purposes

- There will be opportunities to submit comments/ questions online and verbally. Please be prepared to speak if you would like to comment during the public comment period

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Development of a Core Measure Set for Washington

Performance Measures Coordinating Committee

October 31, 2014

Housekeeping

- Two opportunities for public comment/questions
  - In room – step up to a microphone
  - Online - raise hand to speak or type in question
- Today's Meeting will be Recorded
- WIFI Access:
  - ssid: PSRCW-guest
  - Username: PSRCguest
  - Password: didImissanything
    - Note: both username and password are case sensitive
- Breaks
- Please Silence Electronics

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Objectives for Today's Meeting

- Review work groups' recommendations for "Starter Set" of measures

- <u>ACTION</u>: Release recommendations for public comment: November 4 - 21, 2014

- Initiate discussion regarding process for review and modification of measure set over time

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Our Agenda

1. Welcome and Introductions

2. Review/discuss work groups' recommendations for "Starter Set" of measures

3. Public Comment

4. <u>ACTION</u>: Release recommendations for public comment period during November

5. Discussion: Process for review and modification of Common Measure Set over time

6. Public Comment

7. Wrap-up and Next Steps

Public Process

- **Maintaining a transparent process important**
- **Many public comment opportunities**
  - All Performance Committee meetings are open to the public
  - Workgroup meetings open to public in listen-mode with opportunity to comment at end of meeting
  - All documents posted
  - Comments can be submitted to HCA anytime
  - Formal public comment period to follow this meeting
- **Meeting summaries posted on Measure page**

Review/Discuss Work Groups' Recommendations for "Starter Set" of Measures

Acknowledgements

- **3 Workgroups, 35 members, 21 meetings (to date), 400+ person hours early July – mid October** (Appendix C)

- **Bailit Health Purchasing**
  - Michael Bailit, Beth Waldman, Kate Bazinsky
  - Buying Value Measure Selection Tool
  - Robert Wood Johnson Foundation/Aligning Forces for Quality Program

- **Washington Health Alliance**

- **Washington State Health Care Authority**

Overview

- 3 Workgroups
  (prevention, chronic illness, acute care)
- Worked separately, following same process for measures within their domain
- Reviewed/considered approximately 350 measures
  - Alignment with other measure sets
  - Vetted measure
  - Readily available data and data source
  - Opportunity for improvement/important topic to emphasize
- Work of three workgroups brought together at the end; reviewed by all

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Overview

- 53 Measures Recommended for "Starter Set"
  - **Prevention Work Group = 20**
    - Includes population measures
  - **Chronic Illness Work Group = 18**
    - Includes health care cost measures
  - **Acute Care Work Group = 15**

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Review: High Priority Topics by Workgroup

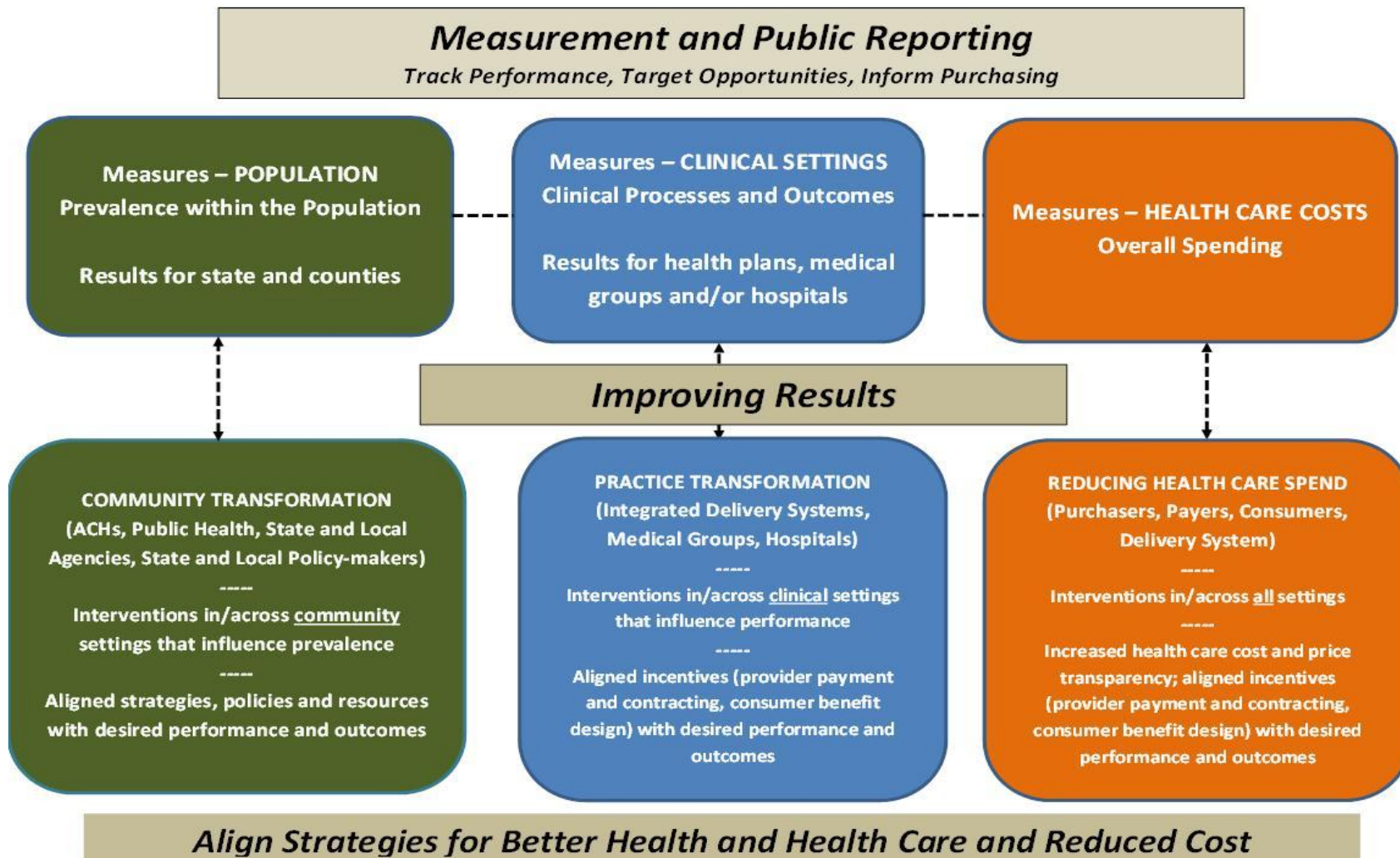| PREVENTION	ACUTE CARE	CHRONIC ILLNESS
Adult Screening(s)	Avoidance of Overuse/ Potentially Avoidable Care	Asthma
Behavioral Health/Depression	Behavioral Health	Care Coordination
Childhood: early and adolescents	Cardiac	Depression
Immunizations	Cost and Utilization	Diabetes
Nutrition/ Physical Activity/ Obesity	Readmissions/Care Transitions	Drug and Alcohol Use
Obstetrics	Obstetrics	Functional Status
Oral Health	Patient Experience	Hypertension and Cardiovascular Disease
Safety/Accident Prevention	Patient Safety	Medications
Tobacco Cessation	Pediatric	
	Stroke	

Recommendations

For Each Recommended Measure:

- Measure Steward
- NQF #
- Type of Data Needed for Measurement
- Expected Data Source/Produce Results
- Confidence Level
- Units of Analysis – Level of Results
- Stratification, if any
- Comments/Opportunities for Improvement (in Appendix B)

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Overview – Contextual Framework

STATEWIDE COMMON MEASURES – "STARTER SET"

Measurement and Public Reporting
Track Performance, Target Opportunities, Inform Purchasing

Measures – POPULATION
Prevalence within the Population

Results for state and counties

Measures – CLINICAL SETTINGS
Clinical Processes and Outcomes

Results for health plans, medical groups and/or hospitals

Measures – HEALTH CARE COSTS
Overall Spending

Improving Results

COMMUNITY TRANSFORMATION
(ACHs, Public Health, State and Local Agencies, State and Local Policy-makers)

Interventions in/across community settings that influence prevalence
-----
Aligned strategies, policies and resources with desired performance and outcomes

PRACTICE TRANSFORMATION
(Integrated Delivery Systems, Medical Groups, Hospitals)

Interventions in/across clinical settings that influence performance
-----
Aligned incentives (provider payment and contracting, consumer benefit design) with desired performance and outcomes

REDUCING HEALTH CARE SPEND
(Purchasers, Payers, Consumers, Delivery System)

Interventions in/across all settings

Increased health care cost and price transparency; aligned incentives (provider payment and contracting, consumer benefit design) with desired performance and outcomes

Align Strategies for Better Health and Health Care and Reduced Cost

Reading the Report (Pages 7-10)

Name of Measure

Which workgroup recommended the measure?

Is the measure NQF-endorsed?

Who will have responsibility for producing RESULTS?

Indicates expected level of measurement: who are we likely to have results for? Some still TBD . . .

Measure	WG	Steward	NQF #	Type of Data	Data Source	Confidence Level	Recommended Unit(s) of Analysis					Stratify
							State-wide	County or ACH	Health Plan	Medical Group	Hospital	
Appropriate Testing for Children with Pharyngitis	Acute	NCQA	0002	Claims	Alliance	High	X	X	X	X		C, MC, MC R/E

Which organization has developed and maintains the measure?

What type of data is needed to implement the measure?

Confidence level to indicate "strength of conviction" Art . . . not science

Should publicly reported measure results be stratified?

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Population Measures

Measurement and Public Reporting

Track Performance, Target Opportunities, Inform Purchasing

Measures – POPULATION

5

- Focus on prevalence

- **Based on data availability and/or size of N, results *only* for the state, counties and ACHs (groups of counties)**

- Improving results generally requires intervention in/across <u>community</u> settings

- Alignment with clinical strategies will have stronger impact on consumer engagement and will accelerate improvement

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Population Measures

Population Measures: 5

- **Influenza Immunization**

- **Unintended Pregnancies**

- **Tobacco: % of Adults who Smoke Cigarettes**

- **Behavioral Health: % of Adults who Report 14 or More Days of Poor Mental Health**

- **Ambulatory Care Sensitive Hospitalizations for COPD**

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Clinical Measures

Measurement and Public Reporting

Track Performance, Target Opportunities, Inform Purchasing

**Measures –
CLINICAL SETTINGS**

- **Health Plans** **13**
- **Medical Groups** **22**
- **Hospitals** **10**

- **Focus on clinical processes or outcomes**
- **Based on data availability, results for health plans, medical groups and/or hospitals (many, but not all, results also available by county, state)**
- **Improving results generally requires intervention in/across <u>clinical</u> settings**
- **Alignment with community strategies will have stronger impact on consumer engagement and will accelerate improvement**

Clinical Measures – Health Plans

Children/Adolescents: 4	Adults: 9
• **Access to Primary Care** • **Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life** • **Youth Obesity: BMI Assessment/ Counseling** • **Oral Health: Primary Caries Prevention/ Intervention**	• **Access to Primary Care** • **Adult Obesity: BMI Assessment/ Counseling** • **Medical Assistance with Smoking and Tobacco Use Cessation** • **Colorectal Cancer Screening** • **Diabetes Care: Blood Pressure Control** • **Diabetes Care: HbA1c Poor Control** • **Hypertension: Blood Pressure Control** • **Follow-up After Hospitalization for Mental Illness @ 7 days, 30 days** • **30-day Psychiatric Inpatient Readmission**

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Clinical Measures – Medical Groups

Children/Adolescents: 4	Adults: 18	
• **Immunization: Childhood Status** • **Immunization: Adolescent Status** • **Immunization: HPV for Adolescents** • **Appropriate Testing for Children with Pharyngitis**	• **Patient Experience** • **Cervical Cancer Screening** • **Chlamydia Screening** • **Breast Cancer Screening** • **HIV Screening** • **Immunization: Pneumonia** • **Avoidance of Antibiotics: Bronchitis** • **Avoidance of Imaging for Low Back Pain** • **Asthma: Appropriate Medications** • **CVD: Use of Statins** • **COPD: Use of Spirometry in Diagnosis**	• **Diabetes: HbA1c Testing** • **Diabetes: Eye Exams** • **Diabetes: Screening for Nephropathy** • **Depression: Medication Management** • **Medication Adherence: Proportion of Days Covered** • **Medication Safety: Monitoring for Patients on Persistent Medications** • **Rate of Generic Prescribing**

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Clinical Measures - Hospitals

Hospital Measures: 10

- **Patient Experience (Discharge Instructions, Medicines Explained)**

- **30-day All Cause Readmissions**

- **Potentially Avoidable ED Visits**

- **Patients with 5 or more ED Visits *without* Care Guidelines Documented**

- **NTSV C-Section Rate**

- **30-day Mortality: Heart Attack**

- **Catheter-Associated Urinary Tract Infection**

- **Stroke: Thrombolytic Therapy**

- **Falls with Injury per Patient Day**

- **Complications/Patient Safety Composite (11 Components)**

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Health Care Cost Measures

Measurement and Public Reporting
Track Performance, Target Opportunities, Inform Purchasing

Measures – HEALTH CARE COSTS

3

- **Recommended measures based on *very limited* pricing data availability today**

- **Improving results generally requires intervention in/across <u>ALL</u> settings**

- **Alignment of clinical, community and payment/contracting strategies will have stronger impact on consumer engagement and will accelerate improvement**

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Health Care Cost Measures

Health Care Cost Measures: 3

- Annual State-purchased Health Care Spending Relative to State's GDP

- Medicaid Spending per <u>Enrollee</u>

- Public Employee and Dependent Spending per <u>Enrollee</u>
  (Include Public Schools)

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Goals Regarding Reporting

- Detailed planning for measurement/public reporting finalized 2nd quarter 2015

- First WA State Common Measure Set report available late 2015/early 2016

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5 Pressure Points Along the Way

1. **Lack of structured access to clinical data for <u>robust</u> statewide measurement and public reporting**

2. **Behavioral Health**
   – 4 related measures in "starter set"
   – Considered very important; lack of vetted measures and data availability problematic

3. **Small "N" will limit participation for some**
   – Critical Access Hospitals, small medical groups, rural counties
   – Important to adhere to public reporting standards to maintain credibility of results

4. **Cancer Care**
   – Measures considered, require patient identifiers and linkage to clinical/registry data
   – Look to HICOR Value in Cancer Care Initiative for publicly reported <u>un-blinded</u> results

5. **Generic Prescribing**
   – Overall rate of generic prescribing relatively high in WA
   – Still considerable variation among/within medical groups
   – Both a cost and quality issue (⬆adherence = ⬆quality)

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Generic Prescribing

- ## 2013 Community Checkup Results (Commercial and Medicaid)

Class	# of Scripts	Target	Statewide Average	Highest County	Lowest County
Antidepressants	1.56 million	95%	89%	95%	80%
Statins	952,000	95%	77%	82%	69%
PPI	530,000	95%	89%	95%	76%
ADHD	548,000	NA	66%	82%	54%
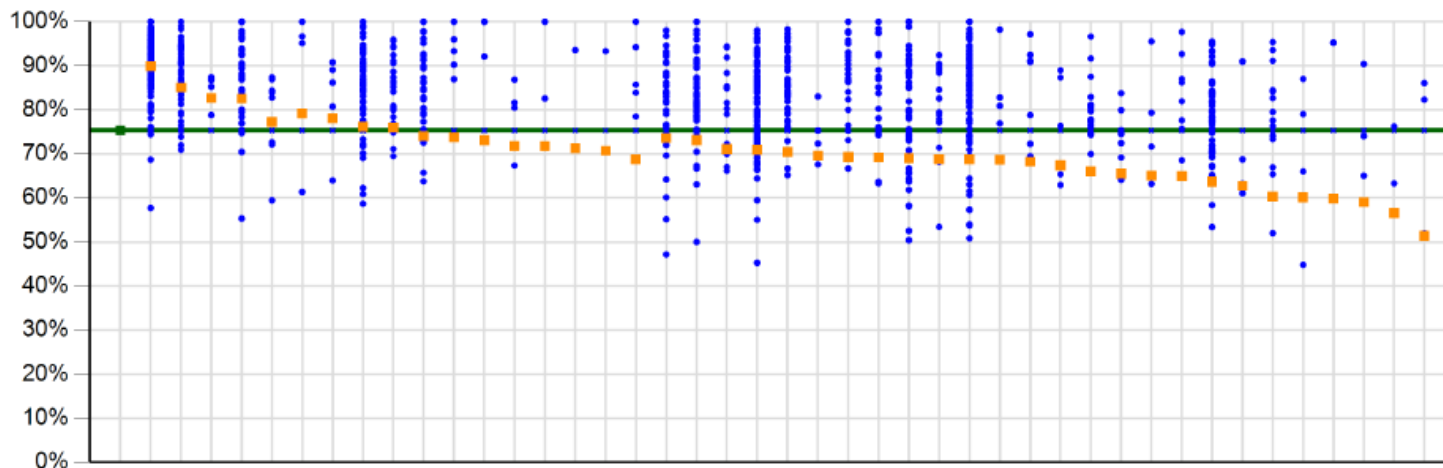
Example of Individual Provider Variation Generic Statin Prescribing

Implementation Challenges

- Immunization Results @ Medical Group level (Childhood, Adolescent, HPV, Pneumonia)

- Patient Experience Survey @ Medical Group level (tobacco cessation counseling; provider communication)

- Screening for HIV: Access to Data

- New Measure Programming/Validation (e.g., Psychiatric Inpatient Readmission; Medication Adherence; Oral Health)

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Discussion/Questions

Looking to the Future

- **No Action Needed Today on this Portion of the Report**

- **High Priority Development Opportunities (aka "parking lot")**
  - 28 topics raised during work group process

- **Considered important but not on starter set**
  - No nationally vetted measure(s)
  - No readily available data to support statewide measurement and public reporting with statistically reliable and credible results

- **Survey to Prioritize**
  - 65 invited; 59 responded, 91% response

High Priority Development Opportunities for the Future – Potential Topics

TOP TIER: >50% of respondents indicated these seven topics should be considered among the highest priorities for future measures

1. Screening for depression
2. Care Transitions following hospital discharge
3. Hypertension management
4. Diabetes care: development/use of a composite measure
5. Elementary school-entry immunization status
6. Continuity of Care/Medication Reconciliation
7. Assessment of Patient Functional Status: Effective Chronic Illness Management

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High Priority Development Opportunities for the Future – Potential Topics

SECOND TIER: 30% - 49% of respondents indicated these six topics should be considered among the highest priorities for future measures

1. Pediatric asthma control, medication management
2. Substance abuse screening and service penetration
3. Major depression disorder control
4. Patient safety: rate of adverse events and 'never events'
5. Continuity of care: advanced care planning
6. Mental health service penetration

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High Priority Development Opportunities for the Future – Potential Topics

<u>HEALTH CARE COST MEASURES</u>: ALL THREE measurement areas should be considered among the highest priorities for future measures, using multi-payer pricing data

1. **Cost of Potentially Avoidable Services**

    e.g., ambulatory sensitive hospital admissions, readmissions, complications, ED visits, Choosing Wisely

2. **Total Cost of Care for Specified Populations**

    e.g., ACOs, integrated delivery systems, medical groups

3. **Pricing for Types of Treatments – Focus on Episode of Care or Bundle**

    i.e., compare pricing for similar treatments and procedures (e.g., joint replacement, labor and delivery, back surgery)

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What Happens Next?

- Public Comment at Today's Meeting

- COMMITTEE ACTION TODAY

  - Release Work Group Recommendations for "Starter Set" Measures for Public Comment

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Opportunity for Public Comment

Public Comment

- **In Person**
  - Please step up to a microphone
  - Please limit your comments to two minutes
- **Online**
  - Using the button at the top of the screen, "raise your hand" to alert staff to unmute you
  - When your name is called please speak clearly

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Committee Action

Committee ACTION

- Finalize and take action to release recommendations for public comment

- Recommended Public Comment Period
  - November 4 – 21, 2014
  - Comments will be gathered via web-based survey (available on HCA website and distributed via HCA listserve); must be submitted no later than 5 pm on Friday, November 21

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Let's Vote

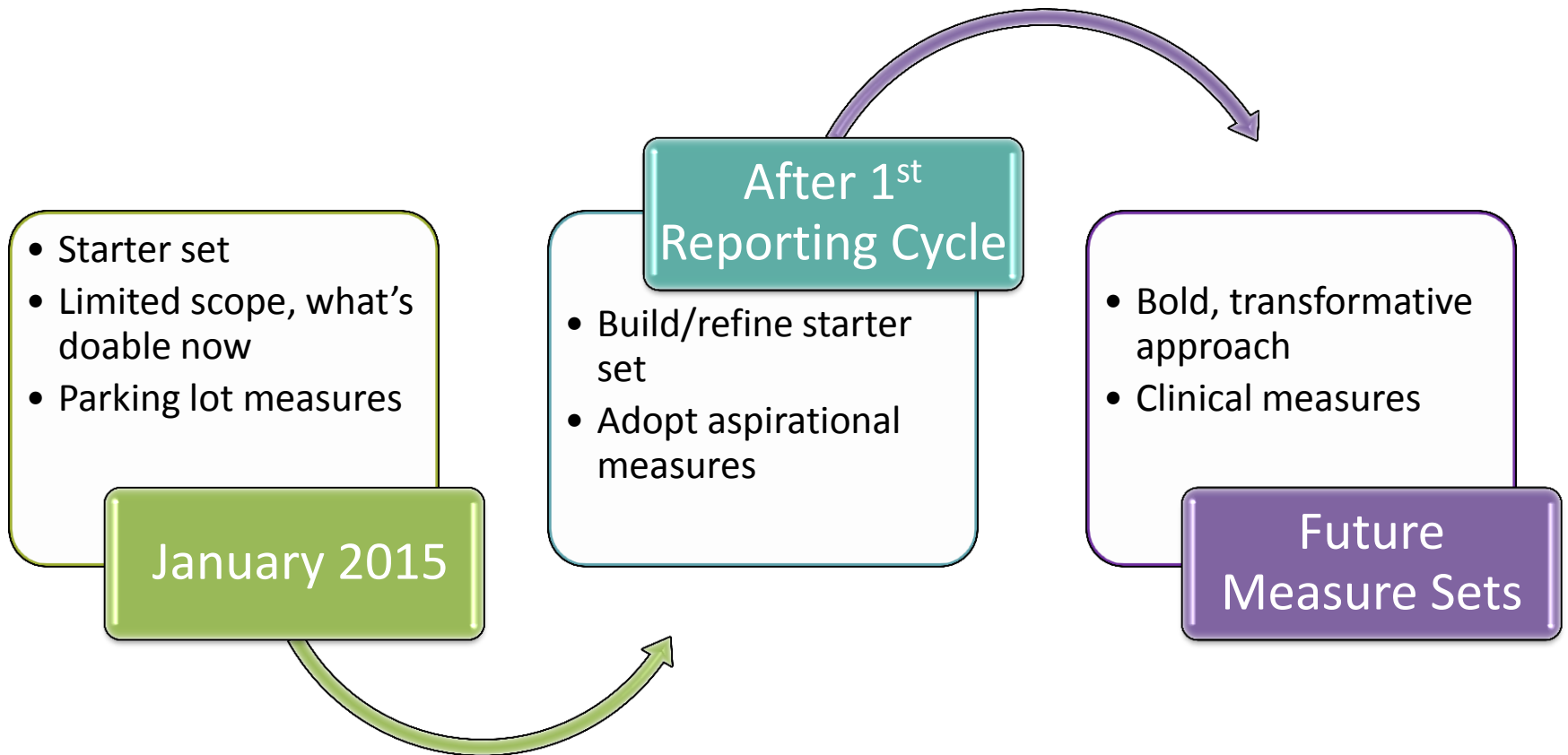# Process for Review and Modification of Measure Set Over Time

Development of Ongoing Process

E2SHB 2572, Section 6:

"The committee shall establish a public process to periodically evaluate the measure set and make additions or changes to the measure set as needed."

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Evolution of Core Measure Set Development

January 2015
- Starter set
- Limited scope, what's doable now
- Parking lot measures

After 1st Reporting Cycle
- Build/refine starter set
- Adopt aspirational measures

Future Measure Sets
- Bold, transformative approach
- Clinical measures

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Questions to Consider

- Criteria for prioritizing addition of measures on High Priority Development Agenda?

- Process for identifying appropriate measures?

- Continuation of PMCC to provide oversight?

- Other suggestions?

Options for Next Steps

1. Small workgroup to put together draft plan for December meeting
2. Submit comments, suggestions, thoughts in writing
3. Bring thoughts and ideas to December meeting

Opportunity for Public Comment

Public Comment

- **In Person**
  - **Please step up to a microphone**
  - **Please limit your comments to two minutes**
- **Online**
  - **Using the button at the top of the screen, "raise your hand" to alert staff to unmute you**
  - **When your name is called please speak clearly**

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Wrap Up and Next Steps

Next Steps

- **Three work groups scheduled to meet December 2 - 4**
  - Consider public comments
  - Determine whether to modify recommendations

- **Final meeting of the Coordinating Committee on December 17**
  - Finalize Measure Set
  - Recommend Process for Evolving Measure Set Over Time

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